

**TWENTY-THIRD ANNUAL  
REPORT OF THE SCHOOL  
MEDICAL OFFICER.**



**COUNTY COUNCIL OF THE  
WEST RIDING OF YORKSHIRE.**

**1930.**



WEST RIDING OF YORKSHIRE COUNTY COUNCIL.

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TWENTY-THIRD

# ANNUAL REPORT

OF THE

School Medical Officer,

ON THE

Medical Inspection and Treatment of  
School Children,

**For the Year ended 31st December, 1930.**

*(Presented to the Child Welfare Sub-Committee, 1st April, 1931.)*





## SUMMARY OF WORK.

1930.

### A. Medical Officers at Schools:—

Routine Inspections at Elementary Schools	...	65,530
Routine Inspections at Secondary Schools	...	6,272
Special Inspections at Elementary Schools	...	7,805
Special Inspections at Secondary Schools	...	287
Re-inspections at Elementary Schools	...	25,820
Re-inspections at Secondary Schools	...	1,368

### B. Medical Officers at Clinics:—

Inspections at Clinics (including Specialist Clinics)	...	22,322
Inspections under Employment of Children Bye-laws		517

### C. Dental Officers:—

Routine Inspections at Schools	...	50,947
Special Inspections at Schools	...	2,229
Attendances for Treatment at Clinics	...	25,288

### D. School Nurses and Health Visitors:—

Visits to Schools	...	6,031
Examinations (including Cleanliness Inspections) in Schools	...	371,730
Visits to Homes	...	28,821

### E. School Clinics:—

Number of Minor Ailments Treated	...	49,884
Total Number of Attendances	...	120,654



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## INTRODUCTION.

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There is an increasing disposition among civilised nations to maintain health and so forestall the onset of disease; and comparing the modern artificial mode of living with the more natural environment of peoples less “advanced” such anxiety can be readily understood.

Reference to the following report by Dr. Lawrence indicates the vast amount of ill-health which is directly attributable to present conditions of overcrowding, improper feeding and general unhygienic surroundings. Table IIA, page 35, shows the huge number and variety of diseases of an early and advanced character which were found among school children. Consideration of these findings in conjunction with the mortality from various causes at all ages, and with the half-million years’ loss of work annually (Insured population only—see report of Chief Medical Officer, 1929) reveals what a tremendous cost to the country is entailed by failure to adopt preventive measures, what physical and mental suffering is accumulated for adult life, and what an adverse effect must be produced upon the stamina of succeeding generations.

Our Child Welfare and School Medical Services—the two are inseparable—may well be regarded as the backbone of preventive medicine, and a sound investment which will be some reduction of our debt to posterity.

T. N. V. P.

## CHILD WELFARE SUB-COMMITTEE.

Consisting of 12 Members from the West Riding Education Committee and 12 Members from the West Riding Public Health and Housing Committee.

County Alderman A. K. Blackburn (Vice-Chairman).

,,	,,	J. J. Brigg.
,,	,,	Sir James P. Hinchliffe.
,,	,,	Sir Percy Jackson.
,,	,,	J. W. Lane
,,	,,	G. Probert (Chairman).
,,	,,	T. Tomlinson.
,,	,,	Miss Hermione Unwin.

County Councillor Captain W. G. Bagnall.

,,	,,	T. J. Brooks.
,,	,,	W. Dean.
,,	,,	W. T. Everatt.
,,	,,	A. Fouchard.
,,	,,	G. A. Griffiths.
,,	,,	W. E. Jones.
,,	,,	J. W. Mellor.
,,	,,	G. A. Ringrose.
,,	,,	G. Schofield.
,,	,,	J. Sheldon.
,,	,,	J. W. Simpson.
,,	,,	W. H. Turner.

Miss M. Hinchliffe.

,, G. Morris.

Mrs. M. Walker.



## Report of the School Medical Officer

### for the Year ended 31st December, 1930.

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The difficulty which presents itself to the writer of an Annual Report for the year 1930 is the avoidance of pessimism, and the avoidance of pessimism is as necessary as it is to admit frankly that the year has presented exceptional difficulties in most departments. Such a time, though it may be in the Phraseology of committees, "inopportune" for developments, is suited for laying and maturing plans for the future, and for the present it is at least opportune to consider weaknesses in the scheme affecting the welfare of nearly two hundred thousand children.

The school population is stationary or diminishing on the western side of the County and increasing on the eastern side. The engineering successes in mining are making it possible to work the deeper seams on the eastern side of the County and the newer and more prosperous workings attract many families from other mining areas. There is, in addition, a good deal of migration taking place in the eastern part of the County. Many families arrive and, after a more or less prolonged stay, move on. It is sometimes difficult to follow these families even in the town where they are temporarily staying. One infant school teacher estimates that if she filled up a medical record card for each child as it enters her department, beginning after a medical inspection, she would have two hundred cards accumulated before the next inspection for children who had left. This, even if regarded as an overstatement, would indicate considerable movement of a migratory population. On the western side the population is more stationary in numbers and more settled in character. This migration has very definite and pronounced drawbacks for children of school age. The loss of continuous instruction is too obvious to need more than mere mention. On the medical side, the drawback is that these children escape the net formed by the "routine group" examinations, are possibly in school too short a time to be noticed as "specials," and, if found to be suffering from some physical disability, do not get the following up necessary for removal of the disability.

During the year the question of nutrition has been the chief object of scrutiny. The policy of providing milk midway through the morning has been continued and the amount of milk provided, whether free or in return for payment, has considerably increased. It is disquieting to hear from various sources, health visitors, head teachers, etc., that occasionally parents misinterpret the aim of giving milk to ill-nourished children and

make it a substitute for a meal, not, as intended, an addition to the existing dietary. No systematic investigation has ever been made into the number of persons falling below the poverty line, but the chance observations made by the health visitors in the course of their work show that many families are very near that line.

The existence of unemployment insurance no doubt prevents the submergence of many families below that line, but that line is only an abstraction—some families keeping above it by extraordinary management and others falling below it for the opposite reason.

The provision of boots in necessitous cases has greatly improved the comfort and appearance of many children. The balance of the " Lord Mayor's Fund " has been distributed and is now administered by three trustees. It is used almost exclusively for mining areas.

The staffing in the dental section has revealed serious shortcomings. Almost all the members of the dental staff report their inability to get round their areas in twelve months, and add the comment that the work done at a previous visit tends to be rendered nugatory by the long delay between their visits. There are two main reasons for this increasing difficulty: (1) As dental treatment becomes more popular (or perhaps it should be said less repellant) the numbers accepting treatment increase and (2) each year the numbers added to the routine groups increase as each children inspected and treated at the first visit becomes automatically added to the routine groups.

The three years educational programme lays plans for the appointment of seven additional dentists, and dental nurses three in the first year and two in each of the succeeding years. There will then be one dentist and nurse working in each medical inspector's area.

There is some divergence of practice among the dentists about the scope of the work which they can undertake in the time at their disposal. With something like equal school population and roughly the same miles of area to cover two dentists may take considerably different periods to get round. The conference at which they discussed the scope of the work which they could reasonably (and profitably) accomplish was useful in bringing about some degree of approximation of aim and endeavour.

**Extent of Area, Number of Schools, etc.**—The West Riding Elementary Education Area comprises 1,589,393 acres, and includes 851 Public Elementary Schools, or 1,214 Departmental Schools. and in December, 1930, there were 196,893 scholars on the roll.

For educational purposes this area is mapped out into 114 districts, in each of which there is a District Sub-Committee, and these again are grouped into 24 Divisions, each with a Divisional Clerk as local representative of the Education Authority.

**(1) STAFF.**

*School Medical Officer and* } T. N. V. Potts, M.D., D.P.H.  
*County Medical Officer* }

*Asst. School Medical Officer*—Reginald Lawrence, M.D., D.P.H.



Area No.	Centre.	Name of Officer.	No. of Elementary Schools.	No. of Departments.	Average Attendance.	No. of Secondary Schools.
1	Skipton	Stuart Lindsay, M.B. ...	97	111	10275	10
2	Ilkley	Nora M. Allan, M.B. ...	75	97	10061	6
3	Harrogate	Josephine Coupland, M.B., B.S., D.P.H.	107	115	7258	3
4	Halifax	Janet Macmillan, M.B. ...	69	94	11336	12
5	Wakefield	Edward J. Tyrrell, M.D. ...	44	71	10901	6
6	Leeds	Margaret A. Green, M.B. ...	42	63	10673	4
7	Pontefract (East)	James W. Cairns, M.D., D.P.H., ...	51	75	11875	4
8	Huddersfield	John A. Thomson, M.B. ...	64	84	9882	13
9	Barnsley (West)	Jean V. Kirkwood, M.B., D.P.H. ...	49	77	11806	2
10	Pontefract (West)	Gertrude M. Mayhall, L.R.C.P., M.R.C.S.	34	59	10277	5
11	Barnsley (East)	Edith I. Thornley, M.B., D.P.H. ...	30	49	9667	1
12	Doncaster (West)	Bethia M. Newlands, M.B., D.P.H. ...	26	51	11820	—
13	Doncaster (East)	Margaret M. U. Martin, M.B., D.P.H. ...	49	84	18072	—
14	Sheffield	John Teare, M.D., D.P.H. ...	50	72	9578	2
15	Rotherham (North)	Lilian R. Davy, M.B., D.P.H. ...	25	51	10492	3
16	Rotherham (South)	Barbara R. A. Morton, M.B., D.P.H. ...	38	60	11794	—
SCHOOL OCULISTS.						
		Christina S. Stoddart, M.B.				
		Claudius G. K. Sharp, M.D.				
SCHOOL DENTISTS.						
1	Skipton	Oswald A. Long, L.D.S. ...	128	147	13213	—
2	Harrogate	Fred W. Buzza, L.D.S. ...	162	190	15938	—
3	Huddersfield	George Kilvington, L.D.S. ...	123	164	19657	—
4	Wakefield	Bernard R. Townend, L.D.S.	82	125	18922	—
5	Pontefract	Kathleen M. Scott, L.D.S. ...	60	101	18168	—
6	Doncaster	James M. Macdonald, L.D.S.	100	159	29947	—
7	Barnsley (West)	John Mackay, L.D.S. ...	97	150	23523	—
8	Barnsley (East)	Jeffrey Fletcher, L.D.S. ...	51	102	22312	—
9	Rotherham	Nina B. Duncan, L.D.S. ...	47	75	14087	—

School Nurses who assist School Dentists (whole-time) 9 School Nurses employed by District Nursing Association ... 71

School Nurses (whole-time) ... 6 tions and Local Authorities (part-time) ...

School Nurses and Health Visitors (whole-time) ...106 Clerical Staff—School Medical Inspection Section ... 6

## (2) CO-ORDINATION.

The evolution of a perfect scheme is the far-distance object of administration. The occasional conference of school medical inspectors, who are carrying out the details of any scheme, is of special value in bringing to light any difficulties of working. With every new development, the "engine" needs a certain amount of "running-in" before it can be trusted to run smoothly. Fortunately, the major workings have long ago settled down and only additions and accessories now, from time to time, need to be adjusted within the frame of the larger machine.

In 1930 no alterations have had to be made in the plan of medical inspection. An attempt has been made to quicken up the laggards who do not at once obtain glasses after they have been prescribed for their children. There is very little reason for any delay in this, as spectacles can be obtained so very cheaply under the County's scheme and, if the parents are unable to find the small amount necessary, it can be obtained through the Distress Fund.

The reorganisation of the educational work in the County has not produced any dislocation of medical inspection. The anticipated extension of the school age not having been realised, there has been no need to meet the possible needs of a larger school population.

The numerical results of each medical inspector's work have been compared and, as several of them have fallen behind owing to various circumstances, it has been necessary to make some readjustment in their areas. This is by no means easy, as it is convenient to have each one working in a compact area around his home; to have a district well within reach by public means of transport, to have each area correspond to the divisional clerks' districts, and for the medical inspector to have Child Welfare Centres and School Clinics in his own area only.

As some of the medical inspectors have charge of Child Welfare Centres they do not all give the same number of sessions to school medical inspection.

Almost without exception the medical inspectors note with satisfaction that an early visit of the county oculist after routine inspection produces better results than when such visits follow at a longer period. In similar fashion they approve of a simplified method of securing hospital treatment under the scheme of the County Council. More children are securing this necessary treatment and with less delay than formerly.

## (3) THE SCHOOL MEDICAL SERVICE IN RELATION TO PUBLIC ELEMENTARY SCHOOLS.

School premises are surveyed by the school medical inspectors at the end of each inspection, and reports, if adverse, are forwarded to the Education Department and ultimately reach



the District Education Committee or School Managers responsible for the school.

The school medical inspector's reports on the sanitary conditions of school premises go forward to this department and serve the purpose of keeping before the responsible Committees the sanitary shortcomings (if any) of the schools in their areas. There is a continuous work in progress remedying as far as possible, defects existing in school buildings.

Following, though perhaps not in consequence of, remarks made on the existence of old diagrams, pictures, etc., which encumber the walls, a movement has begun to clear out old useless stock. Quite possibly the exigencies of space and accommodation have given an impetus to this movement.

The question of prevention of dust has also engaged the consideration of the Committee and experiments are in progress with preparations which have dust-laying properties.

#### **(4) MEDICAL INSPECTION.**

The general instruction to make a complete examination of a school at least once a year continues in force, but work in routine examinations has been interrupted for various reasons. Although no whole surveys of an area have been made, there have been requests to have single schools or groups of schools re-inspected to bring up to date the list of children requiring milk. This has, to some extent, interfered with the regular inspections. As mentioned elsewhere, the redistribution of the separate groups has been made to equalise the task before the several inspectors.

A complete examination includes the three statutory age groups—(1) Entrants, (2) Intermediates, and (3) Leavers, together with (4) Special Cases and children for (5) Re-inspection. (6) All children wearing glasses come under notice and (7) Myopic children with 5 dioptries or more correction are seen by the school oculist.

An inspection of the sanitary conveniences of the school, the playground, children doing physical exercises, and the assembled school completes the inspection. The "mass inspection" is an excellent complement to the examination of individual children.

The members of the staff are urged to confer with the head teacher before leaving the school after completing an inspection. Considerable importance attaches to this procedure, as the teacher is in a position to forward the interests of defective children by means of his influence with the parents, and it is essential that he should know who are the defective children and what are their defects.

The health visitor attends for the most part at medical inspections, so facilitating the work of the doctor and learning

at first hand of the defects of the children. The supervision of exceptional children, i.e., those classified in Table III, is entrusted to the medical inspectors and carried out mainly when the schools are closed.

The amount of clerical work is reduced to a minimum, but even the minimum is still a considerable amount and rather irksome to those who have no aptitude for it.

### **Premises for School Medical Inspection.**

School premises such as are available are used for this purpose. As a rule the teachers give up a room for the work. In the large schools this does not cause much inconvenience and in the smaller schools the inconvenience, if more acute, does not last long.

Every effort is made to meet the convenience of the parents who are present when their children are being examined.

### **Early Ascertainment of Crippling Defects.**

This has been fully dealt with before. It suffices to say that the earliest information will usually be secured by the nurse in her capacity as health visitor, and when the nurse combines the two duties of school nurse and health visitor it may be expected that the final issue will be more successful.

## **(5) FINDINGS OF SCHOOL MEDICAL INSPECTION.**

These are given in detail in Table II for Elementary Schools and Table II B for Secondary Schools.

The findings reveal a curious constancy which is extraordinary when expressed in percentages. The comparative study of these results over several years brings us to the conclusion that the incidence of these defects is almost a "mathematical function" of the number examined, and if medical inspection had as its aim the mere estimation of defective children this figure could almost be given without the trouble of making medical examinations. But, as has been pointed out before, the progress of prevention is very slow and is at present almost too small to register. Three years ago there was a small drop in the percentage of defects among "Entrants," and the hope was aroused that the work of the Child Welfare Centres was beginning to have a cheering fruition in diminishing the incidence of defects, but the two following years showed figures which dispelled that hope. (This is not to disparage the work of these Centres which help to steer many thousands of babies through a happily uneventful twelve months or more.) The highest number of defects appear among the "Intermediates," but this is probably due to their having their vision tested for the first time as a routine matter.



There is a drop in the percentage of defects found at the last examination and there is no doubt that by that time a large amount of remedial work has been accomplished. The verdict given in the report for 1929 on "The Health of the School Child" is:— "In taking stock of the health of the school child it is found that a large amount of preventable disease and suffering exists but the general condition of the children improves greatly during school life, and the child leaving is much healthier than the child entering school. The general tendency is towards betterment and alleviation; although there are no sudden alterations from year to year there is evidence of steady progress. When all the years since the school medical service was instituted are considered together, the progress is seen to be truly remarkable."

The figures for the findings of medical inspectors show a certain variation among themselves, and these differences have been fairly constant for some years. No doubt they are due to personal reasons, e.g., the fixing of the line which separates those noted for observation from those recommended straight away for treatment.

The percentage of children with malnutrition is doubled. This, I have no doubt, represents a real increase in the incidence of malnutrition throughout the County, and is also partly due to the closer scrutiny given to this aspect of school life. Further, it must be remembered that action in this sphere is intended to be preventive and the medical inspectors do not wait till a child shows *all* the characteristics of defective nutrition to classify it as "ill-nourished" or "border-line." Coincidentally with this increase in the numbers suffering from malnutrition is an increase in the cases of anæmia. The rise is almost exactly proportional to the rise in the cases of malnutrition (of which anæmia is one of the signs), so that the two may without hesitation be attributed to the same factors.

Bronchitis, again, is exactly doubled. This increase has not been commented on by any of the medical inspectors, and its causation is obscure. The increase is mainly in the two areas round Rotherham, one of which, the Dearne Valley, has always been notorious on this account and is responsible for the bulk of this increase. But other districts, e.g., round about Pontefract, have also increased their quota of cases of bronchitis.

Skin diseases have varied from district to district, but the totals for the County have remained steady.

Clothing is generally adequate, though sometimes in a state of disrepair. Boys generally are worse dressed than girls, owing to the greater wear and tear to which their clothes are subjected and to the fact that their clothes cannot so readily be made at home as can girls' clothes.

Dr. Lindsay, in a rural area, finds school children over-clad with monotonous regularity. On the other hand, it has

become a popular practice to dress little girls so that large expanses of leg are bare—a custom which would have much to recommend it in a County with a liberal allowance of sunshine, but which causes some misgiving in our climate when one remembers the relatively large skin area in proportion to a *child's* body. I may quote Dr. Poynton, an authority on rheumatism in children: “Adults in these days could clothe themselves as they liked short of police interference. Nevertheless, they ought not to keep their children either with their heads in the hot sun, as they did, or with their little thighs and legs blue with cold. Exposure certainly made for chills, tonsillitis and rheumatism.”

*Boots* have, since the Lord Mayor's Fund was shared in this area, shown considerable improvement. At an inspection of children in No. 6 District the boys were very well shod. The Head Teacher, to whom this observation was made, said that a number of children were absent owing to being without boots. The use of slippers in Elementary Schools—to be worn in school—has not made much progress. The difficulties of providing lockers, etc., and the time taken in changing into slippers, are considerable, but the advantages would be still more weighty if it could be done.

There is a slight increase in the number of cases of both organic and functional heart disease, which may be due to more searching scrutiny following the increased interest aroused by this subject in the last few years. The views put forth tentatively and somewhat timidly in the last Report that some children with manifest rheumatic fever or its sequels have a history of indisposition, debility and minor degrees of ill-health, which may be an integral part of the manifestation of this infection, received some support in the discussion on “Rheumatic Heart Disease—Prevention and Treatment” at a Joint Conference on “The Problems of the Physically and Psychologically Handicapped” in November, 1930. Such children, whether their illness is detected and diagnosed early or late, will need the special provision, which an Orthopædic Hospital can give, of a prolonged rest in bed till all signs of active disease have disappeared and of graduated return to full activity. They are cripples just as much as are the deformed and paralysed, and therefore need the prolonged care which only an Orthopædic Hospital can give.

## NUTRITION.

At a time when there are well-founded reasons for being anxious about the standard of nutrition attained by school children it is important not to lose the perspective in an excessive anxiety.

The question of malnutrition in the County, and in mining areas in particular, has been much in the forefront recently and



figures relative to malnutrition have been obtained which have been startling in their significance. It has been the custom to take No. 6 Area, i.e., an eccentric area round Wakefield, and Featherstone in particular, as the index of the general nutrition of mining districts. It happens that the subject of faulty nutrition in this area was made the subject of special observation by Dr. Fleming in 1923. This year was one of the "boom" years after the war, though a coal dispute in 1921 had had serious effects on the coal trade and the industry at this time had not yet fallen on such evil times as it has since.

The year 1923, therefore, for mining areas was not one of the best, and general conditions of work (and therefore wages) had received a considerable setback in 1921. When, as in 1921, debts, often unavoidable, have been contracted it may take a year or two before they can be paid off by "stoppages" from wages. From these considerations it may be inferred that though trade throughout the County generally was good, in the mining industry it had passed the "peak" and was already on the down grade, and circumstances had been straitened for the last two years. Dr. Fleming, impressed with the faulty nutrition of children in his area (No. 6), concluded that "there is a large percentage of children who are undersized and this is becoming a characteristic of mining areas."

"The first question I had to consider was—when is a child "to be considered undernourished? By far the best guide is "weight in relation to height, the standing height without shoes "being used, neither weight for age nor height for age being of "much value in determining the question of nutrition." Adopting the standard that any child under 12 who is 10 per cent. or more below the average weight for height he may be placed in the malnutrition group. On this standard, 2,000 cases have been considered and out of this number 30·8 were 10 per cent. below the average weight for height ratio, and therefore fall into this group. These figures take no account of stunted children unless their weight-height ratio was 10 per cent. below the average. A fairly large percentage were undersized while maintaining the normal weight-height ratio.

This estimate gave rise to the conclusion quoted above.

In the enquiries made into the extent of malnutrition in the last two or three years the method of ascertainment was not the weight-height ratio, but the general condition of leanness, loss of colour and muscular tone, but the comparison may serve to show that the prevalence of malnutrition is not a new one, though it was probably extending until measures were taken to check it.

Again, certain rather rare cases of malnutrition, occurring where they would scarcely be expected, i.e., in families with a good standard of living and comfort and where there would be



no indifference to the condition, prompted one of the School Medical Inspectors to speculate whether, after all, "we know anything about nutrition." We do.

These exceptional cases attract a good deal of attention because, as problems for solution, they act as a stimulus and challenge to the doctor in charge; but, after all, they are exceptional. Experiments are being made on human material on a small scale it is true, but with results which will satisfy even statisticians, and these experiments are made on fairly unpromising "material." The beds which the County Council rent at West Kirby Convalescent Home are used for "delicate," i.e., ill-nourished, children in whom tuberculosis is suspected, but is not demonstrable. These children go to West Kirby Convalescent Home for six months and I have not heard of one who was not improved out of recognition by the stay there. The improvement begins after about six weeks' stay and the children are the picture of health by the time they have been in for two months. It is scarcely an exaggeration to say they are "bursting with health" at the end of six months' stay. There is nothing in the régime of any complexity—nothing exotic or out of the way. The children have very little medicine. Their food is plain, but abundant, and includes a good ration of milk. They are kept clean and live in well-ventilated rooms. They have regular hours and of necessity develop regular habits. They go to bed early and so get abundant sleep. In my opinion, this last factor is second only to that of diet. The French, a rational and logical nation, have crystallized this conclusion into a proverb, "Qui dort dine," which may be paraphrased, "A sleep is as good as a meal," and German women during the war put their children to bed so that extra rest could compensate to some extent for lack of nutriment. Children in our towns are seen to be up till ten o'clock or even later. In such cases the lack of sleep may nullify the benefit of the daily ration of milk which is provided. The Education Committee provides free rations of milk per week with the aim of improving children's nutrition and the spectacle of children up till late at night provokes the query whether the parents of these beneficiaries are giving the Education Authority the co-operation which is the least they owe to it.

The method of selection has remained the same all through the period when the milk was being supplied. Head teachers were allowed to put on the "milk list" children who in their opinion needed it and this action was endorsed by the school medical inspector at the next visit. This discretionary power allowed to the head teacher met the case of new admissions to any department of the school and of children who might drop down to the border line of malnutrition between the visits of the school medical inspectors. There was some misunderstanding about this at first on the part of head teachers and divisional clerks, but this has now been cleared up.

The giving of biscuits with the milk ration was to make it rather more of a "meal" than the milk alone seemed to be. The dentists with singular unanimity condemn this as being opposed to the best teaching of preventive dentistry. The presence of moist pappy remnants of biscuit between the teeth almost an hour after eating provides an object lesson in the persistence with which food clings to the teeth. Such food provides a *pabulum* on which acid-producing organisms may thrive and their acid products will do what no amount of hard usage can effect—soften the enamel of the teeth.

The film of milk which might conceivably coat the teeth after drinking would be best removed by eating hard fibrous fruit.

The effects of supplying milk to school children have not been studied statistically in the West Riding Administrative County, though they have elsewhere. Here, where the selection has been made by inspection and examination, the assessment of results has been made in the same way. There is a general impression that the milk ration improves those children suffering from malnutrition and serves to keep "border line" children from sinking below that line.

Dr. Mayhall's impression is quoted as not being over-balanced by optimism: "It is a depressing fact that, though new names are added each week to the various 'milk registers,' only occasionally is it found possible to remove names of children from the register owing to their improved condition. Many of the children who have been receiving milk for many months are still far from reaching an adequate standard of nutrition, though their attendance in school is in most cases excellent. Where dinner has been received also, the improvement is naturally greater, though this is shown rather by an increase in weight than by a healthier appearance." Dr. Mayhall comments on the anæmia of the mothers—a feature which is illustrated by the following commentary on a study of the diet of 154 families (in Scotland). "Another point which emerges from this study,\* as from others, is the manner in which, when times are bad, every effort is made to prevent the lowering of the father's diet. This results . . . in the breadwinner eating at the expense of the rest of the family, particularly at that of the wife. How far this state of things is the outcome of conscious and deliberate arrangements it is difficult to say; it is equally difficult to deny its logic. Obviously the earning power of the head of the family must be kept up at all costs or things can only go from bad to worse. The realization that such arrangements, conscious or unconscious, are necessary on the part of any large number of persons is salutary, if not altogether pleasant, for such of us as are in danger of forgetting about the other half of the world and its way of living." B.M.J., 1931 p. 274.

\* Medical Research Council. Special Report Series. No. 151.



It has generally been accepted that, taking the figure for an adult's caloric requirements as 1·0, an adult woman's stands at 0·83 and a child's of middle school age at 0·60. It is probable that this last figure for a growing child is too low.

An inspection of the Featherstone Schools in December of this year showed that there had been a slight gain of ground since the institution of free meals and the mid-morning milk ration.

At the same time Featherstone presents a curious feature. The whole district, with the few exceptions of shopkeepers, professional people and a few others, are directly employed in the coal industry and their material welfare fluctuates almost exactly with the movements of the staple industry. As a broad generalisation it might be said that the fathers of all the elementary school children "work in the pit," and this generalisation applies to the Featherstone North Lane Council School, Featherstone Council School (Boys), Featherstone Council School (Girls and Infants) and the South Featherstone Senior Council School. Yet at every inspection made the conditions of nutrition have been worse at Featherstone Boys' Council School and to a less degree Featherstone Council Girls and Infants than at the other schools mentioned above.

Not forgetting that all colliery workers do not draw the same wage, one is driven to the conclusion that a certain type, perhaps less provident or less skilful in domestic management, seem to congregate in the district round these schools, while the others are able to secure houses on the outskirts. This district in which these two schools are situated consists of the older houses erected when the Featherstone pits were first opened about 50 years ago.

### **MENTAL DEFICIENCY.**

Dr. Kirkwood has, in 1930, been giving special sessions, 69 in all, to the examination of educationally retarded children in the school in her area (Barnsley West, No. 9 area). Her general method of procedure has been to collect the retarded children in the schools before leaving the district and to examine them physically and mentally—physically to ensure that the retardation is not due to bodily defects, and mentally to assess the intellectual age, as distinguished from the chronological age of the child. These mental tests were made by the Terman Revision of the Binet-Simon tests. The help of the head teachers was given in selecting the retarded children. A local survey of this kind is regarded as of some importance. Dr. E. O. Lewis (Report of the Mental Deficiency Committee, Part IV, page 55) gives the incidence of mental defect in six areas which he investigated as "8·57 per thousand total population and 4·18 " children per thousand of total population—3·36 feeble-minded, "·67 imbecile and ·15 idiots." Though the report expressly states that these results apply to the six areas which he examined and that these areas are not representative of the country as a whole, "We must repeat that this mean

“ incidence for the six areas cannot be applied to the children of “ the whole country,” yet, these figures are quoted for contrast where the ascertained number in any county seems low: and they are used in making estimates of the provision which may have to be made at any time in the future for dealing with the mentally defective population.

It should be pointed out at this juncture that all imbeciles and idiots are under the care of the Mental Deficiency Act Committee; that feeble-minded persons up to 16 years of age are the charge of the Education Committee, and, after 16, of the Mental Deficiency Act Committee. Another point to be kept in mind is that the definition of a feeble-minded person under the Education Act is, as might be expected, a standard based on educability: “ Defective children are those who, “ not being imbecile, and not being dull and backward . . . “ are, by reason of mental defect, incapable of receiving proper “ benefit from the instruction in the ordinary public elementary “ schools, but not incapable by reason of that defect of receiving “ benefit from instruction in . . . special classes or schools.”

When such children reach the age of 16 the definition is a social one: “ Persons who suffer from mental defectiveness not “ amounting to imbecility, yet, so pronounced that they require “ care, supervision and control for their own protection, or for “ the protection of others.”

Roughly speaking, about one third of those children who are certifiable under the Education Act are able to take their place in society after leaving school and to conduct their existence without special “ care, supervision and control,” and are, therefore, not certifiable under the Mental Deficiency Act. The number of children not certifiable under the Education Act who, on account of developing anti-social habits or criminal tendencies after the age of 16, become certifiable under the Mental Deficiency Act is very small.

The following table shows the total population of the area in question (1921 census), the school population (actual attendance during December, 1930), and the number of children considered to be mentally defective in some degree. Dr. Kirkwood did not visit any absentees at their homes and no adults nor inmates of institutions were examined, so that her figures only relate to children of school age in attendance at school. Her work in this direction revealed the fact that among teachers there are varying interpretations of the phrase, “ mentally defective,” that the term may suggest the lower grades of defect only. “ I found in examining these children that provided “ they are quiet and well behaved, the Teachers frequently do “ not regard them as mentally defective”

“ In one case a boy of  $13\frac{1}{2}$  had an intelligence quotient of 50 “ [ (intellectual age/chronological age)  $\times$  100 ] and the Headmaster “ refused to believe that the boy was feeble-minded, even after



“ I had tested him. He agreed that he was not very bright, but “ said that he was in no way mentally defective.” (Note by Assistant School Medical Officer: This Teacher was subsequently interviewed on the subject and after some explanation of the significance of the terms used and the methods of classification, it appeared that their views were not really so widely divergent. —R.L.). “ At the other extreme was a case of a child with “ an intelligence quotient of 38 who was trying to take the “ ordinary curriculum.”

Area.	Total Population.	School Population.	No. of Mental Defectives.	Per cent. on Total Population.	Per cent. on School Population.
Worsboro', Birdwell and Blacker Hill	12510	2203	25	0.19	1.13
Hoyland and Elsecar	15910	2769	13	0.08	0.46
Emley and Upper Whitley	2706	388	7	0.25	1.80
Skelmanthorpe and Denby Dale	7458	1057	7	0.09	0.66
Hemingfield	3556	309	6	0.13	1.94
Dodworth	4207	826	5	0.12	0.60
Wombwell, Broomhill, Low Valley and Jump	16494	3156	69	0.41	2.18
Darton, Mapplewell, Barugh, Higham, Gawber and Cawthorne	12210	2471	24	0.19	0.97
	75051	13179	156	0.20	1.18

The classification of 156 examined was as follows:—

Sex.	Number.	Percentage.
Boys ... ..	95	60%
Girls ... ..	61	39%

and their classification:—

Dull and Backward	67	42%
Feeble-minded ...	72	46%
Imbeciles ...	10	6%
Idiots .. ...	7	4%

Table showing comparative incidence of physical defects occurring in 125 (80% of the 156) mentally defective children compared to the percentage incidence of the same defects in the whole school population:—



Defect.	Number.	Per cent.	Percentage for West Riding.
Malnutrition	46	29·4	5·63
Defective Vision	48	30·7	8·16
Strabismus	10	6·4	1·32
Defective Articulation	40	25·6	0·20
Tonsils and Adenoids	14	9·0	2·47
Adenoids	20	13·0	1·05
Tonsils	13	8·3	4·11
Rickets	8	5·1	0·34
Paralysis	5	3·2	*
Epilepsy	3	2·0	0·02
Incontinence	8	5·1	*

\* No percentage available.

These figures demonstrate very clearly the preponderance of physical defects occurring among mental defectives. It is clear that apart from their congenital defect of brain substance there is frequently a similar defect in their physical "make-up."

The enquiry is of some value in giving guidance as to the amount of time and work involved in taking such a census and making such an examination of the mentally defective throughout the County.

The percentage incidence of mental defects, allowing for the consideration previously mentioned, i.e., that adults, absentee children and inmates of Institutions were not examined, is considerably less than the figure given by Dr. Lewis.

### DENTAL INSPECTION AND TREATMENT.

The arrangements for carrying out dental inspection and treatment remain unaltered. The work is done in school premises, hired rooms, etc. Mr. Buzza's list gives "Church halls, chapels, village halls, private houses, cottage kitchens, and classrooms in schools." Another dentist points out that in the new schools there is no accommodation:—"I would cite the case of Guiseley New Council School. This school is said to be the last word in up-to-dateness, yet the dentist, when he visits this school, has the choice for three days in the week of the cookery room or the woodwork room, and the remaining two days, through the kindness of the headmaster, of a classroom." A similar statement is made by Mr. Long about the new Council School at Ingleton. One dentist, while acknowledging the courtesy of the teachers in giving up staff rooms, quotes exceptions. "Strangely enough, it is generally in the schools which have most staff rooms that the greatest trouble is experienced." "The lack of co-operation between departments in the same school often entails unnecessary work and waste of time when establishing one clinic ought to be sufficient." Another dentist

concludes by expressing "my appreciation . . . of the help which I have received from head teachers. There has been no friction of any kind, and a great willingness to help."

It may be pointed out that if there were more dentists—a full complement—they would spend more time in each school, and the difficulties above mentioned would be accentuated.

As Mr. Fletcher points out in urging the provision of suitable premises for dental treatment, when he uses the hut belonging to the County Council at Denaby Main he has to give it up once a week for the Child Welfare Session and one day a month for the Ante-Natal Clinic. This one day a week can be used for inspection elsewhere, but it is more than the necessary time for the purpose. One day per fortnight suffices for inspection. Out of the numbers inspected in one day there will be enough operative work for a fortnight. In another district a room which was formerly available is now used as a kitchen for the preparation of dinners.

General observations on the work are of interest rather as revealing the need for statistical evidence than providing a sure foundation for dogmatic statement. Mr. McDonald thinks that there is a distinct improvement in the mouths of the children, especially the second dentitions. Whenever he has come across a really good set of teeth he has made enquiries into their diet, without finding anything enlightening except that "they seem to eat anything that comes their way." Two years ago another member of the dental staff addressed himself to the study of children with "perfect mouths," and was unable to reach any conclusions which would form the basis of teaching or a "jumping off" place for further enquiry.

Mr. Fletcher says of the younger children: "I have gained a firm impression during the past two years of a progressive deterioration in the 'baby teeth' of the six and seven year children, and an increasing liability to decay in the six year old molars in those re-examined." This observation in closely similar terms is made by others. Miss Scott says very definitely: "It is very depressing to have to write that the condition of the children's teeth is deteriorating rather than improving. The percentage of *caries-free* teeth among *five year old school entrants* is extraordinarily low."

In last year's report it was mentioned that in one area the proportion of acceptances for boys and girls was in the ratio of 1 to 4. Mr. Mackay says: "Occasionally I am struck with the greater frequency of caries in mouths of girls as compared with boys. And in schools of similar sizes, a notable increase is seen in the percentage of girls requiring treatment—e.g., Stocksbridge Council boys 69 per cent. compared with 92 per cent. of girls." The explanation put forward is that, at the approach of puberty, there is a drain on the calcium content of the body and the saliva is not so alkaline. The ravages of acid-producing bacteria in the mouth are consequently greater. The causes of this drain of calcium are of some



complexity. Miss Scott reports an interesting experiment on a boy of ten whose teeth, in spite of regular treatment by a dentist, were going quickly. The six year old molars were lost, his "twelve year old molars" had erupted early and were already "filled," as were also two of his permanent incisors. At the first visit two fillings had to be removed and replaced, and another extended. He was put on a course of sodium calcium lactate for a period of three months—then extended for another period of three months. During the last eighteen months he has required no treatment, and the colour of his teeth has improved. "I think this treatment would be particularly worth trying in tubercular cases, where the teeth are very soft and carious."

"As a proof of the value of lime in the formation of good teeth, I can bring forward the case of two schools, a mile apart, in one town. The homes surrounding each school have a different water supply. One water contains much lime, and the teeth of the children are extraordinarily good. The other water is softer, and the teeth of the children are not nearly so well formed, and caries is much more in evidence" (Mr. Buzza). There is a popular opinion on the same lines.

In discussing the rôle of lime salts it must not be understood that the mere giving of lime salts is a remedy for poorly formed teeth. The absorption and utilisation by the body of lime salts is a very complex process.

### **Dental Treatment.**

This has proceeded on the lines previously laid down, and the practice is to begin with the younger children, offering treatment to all who need it, and continuing the dental supervision of these children who come up again as "routines" for retreatment. The actual amount of dental disease in the school population makes any other scheme a physical impossibility. In addition, other children are presented as "specials" when a dental emergency arises while the dentist is at the school, or where the school medical inspector has asked for it in the belief that the condition of the child's mouth is a factor in impairing the child's health. Several such cases are quoted by the dentists of the immediate improvement which has followed the removal of septic teeth.

The use of general anæsthetics is practically non-existent. With the present staff inadequate to get over their districts in the twelve months, and the school medical inspectors in several areas similarly situated, it has not been considered an economic policy to take either dentist or doctor from his routine work to give general anæsthetics for a colleague. To some extent this involves a disadvantage. Local anæsthetics are not so serviceable and efficient where there is much congestion and swelling, and these two conditions are pre-eminently present when there is sepsis present.

It is in these conditions that a general anæsthetic is specially desirable. Several of the dentists have been consulted on the matter, and, though emphasising the desirability of a general anæsthetic at times, say that it is practicable to manage with a local one. When the dental staff is increased to correspond in numbers to the medical staff, and each dentist has an area roughly co-terminous with that of his medical colleague, it may be possible to arrange sessions for general anæsthetics at which the doctor will be present to administer them. In the meantime, enquiries will be made as to the number of sessions to be given to this work—the anæsthetic to be used, and the query whether, after some years' absence from this kind of work, the medical inspectors care to undertake it. Quite possibly some may ask for a short "refresher" course, under instruction, to renew their acquaintance with it.

Quoting Mr. Mackay (Barnsley Area): "The number of children in schools to whom treatment is offered ranges from 30 per cent. to 92 per cent. of those examined, while the number of those accepting treatment is about 50 per cent. of those to whom it is offered. This percentage varies from 11 per cent. to 91 per cent. The higher figures are largely due to the enthusiasm of Head Teachers."

I cannot leave the subject without quoting one of life's little ironies. "Prizes have been offered for the best essay (on the care of the teeth), but these are disappointing, as they are usually won by children with dirty mouths, who cannot be persuaded to have their teeth attended to"—a situation on which a Stratford resident made the comment in advance: "I can easier tell twenty what were good to be done than be one of the twenty to follow mine own teaching."—Merchant of Venice.

## (6) INFECTIOUS DISEASES.

The following table shows a list of schools and departments closed for sickness during the year:—

Disease.	Schools or Departments closed by Order of Local Sanitary Authority.		Schools or Departments closed by Local Education Authority.	
	Schools.	Depts.	Schools.	Depts.
Measles ... ..	13	15	—	—
Whooping Cough ...	7	2	—	—
Scarlet Fever ...	7	5	—	—
Chicken Pox ... ..	4	1	—	—
Mumps ... ..	3	4	—	—
Influenza ... ..	—	—	—	—
Epidemic Sickness	4	2	—	—
Diphtheria ... ..	6	—	—	—
Colds ... ..	1	—	—	—
	45	29	—	—



In addition the school medical officer issued 311 certificates during the year to the effect that the fall in attendance of certain school departments could reasonably be attributed to the prevalence of epidemic illness.

The comparative inefficiency of wholesale swabbing of school children to eliminate "carriers" and so limit the spread of diphtheria has caused attention to be turned on methods of producing immunity by inoculation.

In 1930 there was an outbreak of cerebro-spinal meningitis in the Thorne district. The cases occurred with some regularity throughout the greater part of the year and were not confined to the winter months. There was a period of freedom in July-August and again in a fortnight in September. Other scattered cases were occurring in other parts of the county. The number of children involved was not sufficient to cause any school closure or the adoption of any special preventive measure. There was no obvious increase of the other infectious diseases of the nervous system—encephalitis lethargica and acute anterior polio-myelitis.

### (7) FOLLOWING UP.

The nurses' activities in making sundry inspections in the schools and visits to the homes of the school children are shown in the following returns:—

No. of Nurses.	No. of School Visits.	No. of Home Visits.
177	6031	28821

### (8) MEDICAL TREATMENT.

The forms of medical treatment available for the school child are as before: (1) Own Medical Adviser; (2) the School Medical Inspector and Health Visitor at the School Clinic; (3) the District Tuberculosis Officer at the Dispensary, and—through him—Sanatorium and Hospital for Surgical Tuberculosis; (4) the County Oculist and Dentist; (5) the General and Cottage Hospital; (6) Beds rented by the West Riding County Council in West Kirby Convalescent Home. The forms of treatment under (2), (3), (4) and (6) are provided by the County Council; those under (1) and (5) are private arrangements. The County Council has also a scheme for the operative treatment in hospital of children with tonsils and adenoids, ear disease and squint.

The grant to hospitals has been increased to £1,000 yearly in view of the increasing numbers being treated under the Hospital Scheme. The short list of defects treated might, perhaps, be extended to ionization for otitis media.

The medical inspectors have often expressed their pleasure at the rapidity with which children can obtain treatment. They have been circularised asking for their views on the results obtained and consider them generally satisfactory.



The refractory cases of ringworm are best treated by X-rays, which cause falling out of the hairs on the part exposed to their action. The part of the scalp so laid bare becomes for treatment purposes like ringworm of the skin and as easily cured.

The enormous amount of work done at the school clinics is given in Table IV and the huge total is difficult to visualise. The clinics meet a need which is not met by any other agency. Neither the general practitioner nor the out-patient department of any hospital would wish to accept the burden of this group of minor ailments.

Two county oculists give their whole time and two medical inspectors about one session per week to the work of testing the refraction of children whose visual acuity has been found below the standard by the medical inspector. Glasses are provided at exceptionally cheap rates under the County scheme. Dr. Sharp, basing his opinion on the increasing number of requests by parents to have their children's eyes examined, concludes that the prejudice against the wearing of glasses has almost disappeared. "When there is any difficulty on the part of the parents with regard to the child wearing glasses, if the matter is probed sufficiently, it will almost invariably be found to be a financial difficulty, and very seldom to a disregard of the child's welfare. On the other hand, a difficulty of administration has arisen, in cases where a free issue of glasses has been made, i.e., spectacles with nickel frames to necessitous children. Occasionally the parents wishing to see their children in a more expensive pair of glasses have returned the nickel-framed spectacles, asking for a more expensive type and enclosing the balance due after deducting the value of the nickel frames, which amount has been paid by the West Riding County Council."

On the subject of the search for refractive errors, he points out the diminishing number of absentees from the number summoned to the Wakefield eye clinic now that it is held in a well equipped and appointed room.

The treatment of children in secondary schools has not been formally undertaken, but if there were need, no difficulty would be placed in the way of the secondary school child obtaining treatment at a school clinic.

From time to time secondary school children obtain the services of oculist or dentist when recommended for treatment by the school medical inspector, and when other agencies are not available.

### **(9) OPEN-AIR EDUCATION.**

Several medical inspectors speak with warm appreciation of the new schools which are being built and which embody the "fresh-air" ideal. This, after all, is the goal to aim at coincidentally with the attainment of a purer atmosphere. When a town

school can throw its windows open so that the children in school can be living in a clear fresh atmosphere, an achievement of the greatest magnitude will have been attained.

Several contingents of boys and girls were sent to camp at Staithes, a small fishing village between Whitby and Saltburn, in the summer. They were selected by the head teachers and, when possible, included those children who had been classified as ill-nourished by the medical inspectors. They were examined by the latter for physical fitness and on the morning of departure by the school nurse for cleanliness. The camp is situated on a cliff overlooking the sea and consists of two rows of army huts. They were accompanied by teachers and a school nurse who conducted a school clinic. Lessons were given in the morning and the afternoons were devoted to excursions. The camp was recognised by the Board of Education as a school.

Keighley Boys' Grammar School again held an open-air school at Kirkcudbright from May 9th to July 18th. Twenty-five boys took advantage of this opportunity. They had excellent weather and no cases of illness occurred. The boys derived great physical benefit from their ten weeks in camp.

### (10) PHYSICAL EDUCATION.

The staff consists of one senior man organiser and one senior woman organiser. There are also three full-time men organisers, two full-time women organisers, two part-time men organisers, and three part-time women organisers.

The work of the part-time organisers is allocated in the following way:—They act as teachers of physical instruction in secondary schools, but this work does not occupy the whole of their time. The balance is devoted to organising the work of physical instruction in the elementary schools in adjoining areas. Each organiser has a list ranging from about 180 for a full-time organiser to about 50 for a part-time organiser. A selection of schools is made from this list each term and a series of about six visits is paid at intervals of about a fortnight or three weeks.

**Elementary Schools.**—The teaching of physical instruction is in the hands of class teachers. A school of physical instruction is held yearly, for a fortnight in the summer, at Ilkley Grammar School. This is open to teachers from elementary schools, and is largely used by them. The teaching itself is under the supervision of the organisers.

**Senior Departments.**—Some of these senior departments of elementary schools have acquired a certain amount of apparatus, and this has added to the variety and interest of the exercises. “In some senior schools a real advance has been made in the standard of performance; the provision of



“ apparatus and the training which the teachers had received at  
 “ Ilkley have stimulated interest in a very high degree.” Only  
 those who have seen an enthusiastic class at work can realise  
 the benefits the pupils are receiving in the senior schools.

**Rural Schools.**—“ The rural syllabus of the Board of Educa-  
 “ tion has been followed. It is interesting to note that the im-  
 “ provement in responsiveness among the rural children and  
 “ also in the suitability of their clothing there has been, per-  
 “ haps, a greater advance in these respects in the rural schools  
 “ than in the schools of the urban districts.”

**Secondary Schools.**—Almost three-quarters of the secondary  
 schools of the West Riding possess a properly equipped gym-  
 nasium. The remainder use the Assembly Hall, having a cer-  
 tain amount of fixed and movable apparatus. Some of the  
 schools recently erected and others recently extended possess  
 new up-to-date gymnasia. Most secondary schools are visited  
 by a whole-time organiser or a teacher with special qualifica-  
 tions. I have previously emphasised the very great value of  
 the co-operation which such teachers extend to the medical  
 inspection service in pointing out children whose standard of  
 physical attainment is not up to the average and in the readi-  
 ness with which they undertake remedial exercises prescribed  
 by the doctor.

The conditions of success depend upon (1) a supply of quali-  
 fied teachers, (2) the accommodation either indoor or out-door  
 which the school affords, and (3) on the clothing equipment of  
 the boys and girls,, and, to a less extent, on (4) apparatus.

**Playing Fields.**—The Report of 1929 gave the results of a  
 survey made in June of that year of the playing space used by  
 elementary school children. “ Since then additional portions  
 “ of land have been bought and other areas rented. Recreation  
 “ grounds purchased by the National Playing Fields Associa-  
 “ tion have been rented by the West Riding Education Com-  
 “ mittee for the sole use of elementary schools at stated  
 “ times.”

(By courtesy of the Education Officer, I have been per-  
 mitted to have an advance view of a report on physical train-  
 ing, which will be presented to the Education Committee,  
 roughly, about the same time as this report.)

As regards (3) Dr. Teare offers some independent remarks  
 which, when placed in a juxtaposition to the above, might seem to  
 offer adverse criticism. “ There seems to be too much drilling  
 “ and exercising in school buildings and especially where there is  
 “ a hall. The walking, running and stamping raise the dust from  
 “ the seldom very clean floors and much of this must be inhaled.  
 “ There seems to be a special tendency to make small children  
 “ do exercises lying or sitting on the floor.”



### (11) PROVISION OF MEALS.

The powers under the Provision of Meals Act were put into force at the following places:—

Bolton Percy Church Centre.  
 Featherstone Miners' Welfare Centre.  
 Snydale Council Centre.  
 Featherstone Salvation Army Hut Centre.  
 Featherstone C. of E. Centre.  
 Featherstone Loscoe Grove Council Centre.  
 Hoyland, St. Helen's R.C. Centre.  
 Hoyland Common United Methodist Centre.  
 Hoyland, Elsecar Market Hall Centre.  
 Hoyland Council Centre.  
 Ryhill Council Centre (discontinued 30th May, 1930).  
 Baildon, Woodbottom Council Centre (discontinued 25th July, 1930).

The meals provided have been breakfasts or dinners.

Breakfasts.		Dinners.	
Free.	For Payment.	Free.	For Payment.
1,966	Nil	81,341	125

The average cost of food per meal varied from 2d. to 4d., except in the following cases, where arrangements were made for the meals to be purchased from local tradesmen:—

Centre.	Price per meal.			
Baildon, Woodbottom ... ..	...	...	...	6d.
Bolton Percy ... ..	...	...	...	6d.

The difficulties (mentioned previously) have been to secure workers able to give their services over a prolonged period, and to secure suitable premises.

### (12) SCHOOL BATHS.

Only one of the elementary schools in the West Riding—Linthwaite, Milnsbridge Council—has a swimming bath, but arrangements are made for the children in other Schools to have instruction in swimming in the nearest public baths.

During 1930 there were 30 centres open, one of which was a river, two were "open-air" baths and the remainder were covered baths.

The numbers taking lessons in swimming were:—

Boys.	Girls.	Total.	Total attendances.
6,717	5,690	12,407	128,205

Four West Riding secondary schools possess swimming baths of their own, namely, Ilkley Grammar (separate building), Ripon Grammar (open-air) Skipton Grammar and Yeadon and Guiseley Secondary, and swimming forms part of the regular physical instruction.

Other secondary schools make regular visits to the local swimming baths, e.g., Castleford, Elland, Goole, Morley and Sowerby Bridge Secondary Schools, Pontefract King's School and Keighley Grammar School.

### **(13) CO-OPERATION OF PARENTS.**

This continues to be good, especially where arrangements can be made to enable them to wait comfortably. It varies from place to place. Occasionally fathers come when the mothers are unable to do so. No noticeable incidents of organised "non-co-operation" have been reported this year, and one dentist reports that a family which has always been withheld from medical inspection (on the grounds, as he surmises, that the children are tubercular) has accepted dental treatment when it was offered. Dr. Lindsay says: "The few chronic conscientious objectors and other types continue to show themselves, but the percentage is so low as to be negligible. Such cases are superficially inspected for cleanliness, and noted for observation by the nurse." Perhaps there is some significance in the last sentence. A certain number also are withheld from inspection because defects previously pointed out have not received attention.

### **(14) CO-OPERATION OF TEACHERS.**

That the teachers should recognise the activities of the medical staff is an integral part of school life is now so self-evident as to be an axiom. It is of particular importance in the interval between the doctor's visits, when so much depends on the teacher bringing children forward for the nurse when she visits the school, especially in rural areas, where the school nurse is also a district nurse.

The re-arrangement of schools has caused a certain amount of confusion in the distribution of medical and dental record cards, but this can be easily overcome, and is only temporary.

The pre-eminent rôle of the head teacher in making the medical work a success has often been insisted on, and the medical staff pay a warm tribute to their colleagues on the educational side for the help they give. The writer recalls with gratitude one head teacher who invariably has a list of the defectives in his school, and is fully conversant with the steps which have been taken to remedy these. It may be necessary to ask for further co-operation in keeping lists of children for whom glasses have been supplied, and Dr. Sharp suggests that scholarship children who wear glasses should be specially examined in view of the increased amount of near work they are likely to undertake, and "to obviate the unpleasant duty of refusing a scholarship on account of defective eyesight to a child who has



“earned the scholarship maybe at the cost of its eyesight.” (One such case occurred in Dr. Sharp’s work, but no others have been noted.)

Dr. Macmillan lays particular stress on the ingenuity of teachers in supplying sleeping facilities for the “under fives.”

### **(15) CO-OPERATION OF SCHOOL INQUIRY OFFICERS.**

(See 1928 Report.)

### **(16) CO-OPERATION OF VOLUNTARY BODIES.**

(See 1922 Report.)

### **(17) BLIND, DEAF, AND EPILEPTIC CHILDREN.**

(See Table III.)

These children appear in various sections of Table III. The whole group of children comprised in Table III are as far as possible allocated to the school medical inspectors for supervision and periodic report. The work of supervision is generally done at some time when, for one reason or other, the elementary schools are closed.

### **(18) NURSERY SCHOOLS.**

There are not yet any Nursery Schools in the West Riding Administrative Area, but the “Programme of Educational Development for the years 1930–1933” contains provisions for two, one in each of the first and second years of the programme. This promise for the future is very much less than the actual provision made for children “under five.” There are already 11,000 such children on the registers of the elementary schools.

On the receipt of Circular 1405 (Board of Education), the question of “children under five” was the subject of a joint report by the County Medical Officer and the Education Officer.

The provision of Nursery Schools is not the only method of meeting the needs of “under fives.” In certain areas it is more convenient to make provision for Nursery Classes associated with the elementary schools. In the planning of new schools this will be taken into consideration, and it is intended to provide a “Babies’ Room” on more ample lines than in the past. This room will, as a rule, be detached from the ordinary classrooms, planned on “open air” lines, have separate lavatory accommodation, its own cloakroom, direct access to garden and playground, and sleeping arrangements both in the classroom and in the open air.

The novelty about it is that it will be a “building down” to meet the special needs of “under fives.”

Such provision has already been planned for Mexborough and Cottingham.



## (19) SECONDARY SCHOOLS.

In anticipation of their admission to secondary schools scholars-elect are examined as soon as possible after the award of scholarships is made. It interrupts the regular work, but enables them to receive treatment while they are still "elementary school children," and parents whose children are about to enter secondary schools display commendable readiness in carrying out recommendations.

The routine examinations take place at the ages of 12 and 15. Any child of any age may be examined as a "special." The co-operation of the teacher of physical training is of special value owing to her observations on the children's physical conditions and efficiency at games. The secondary school child, being at an age of rapid growth and physical change, is specially liable to minor deformities due to muscular inadequacy and to strain from over-exertion.

The following-up of the cases of defect is not done by the school nurse. The head master and head mistress usually secure the carrying out of the doctor's recommendations.

If treatment cannot be secured by the parents (and it must be remembered that, roughly, 40 per cent. are ex-elementary school children) they may apply to the Education Committee for a "maintenance grant" to cover the cost of treatment.

## (20) CONTINUATION SCHOOLS.

(See Report for 1922.)

## (21) EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

The children examined under this heading, viz., 517, were practically all to be employed in the distribution of newspapers and milk.

## (22) MISCELLANEOUS.

### Subsidiary Nourishment (Dr. Davy).

Dr. Davy has seized the opportunity of studying the effect of subsidiary nourishment (milk ration) on 292 recipients in the Swinton Area. The physical features of these children, who were selected on a medical basis were as follows:—

				Result.	
				Cured.	Improved.
Malnutrition	...	...	202		{ 174 much improved 14 slightly improved
Anæmia	...	...	49	36 (73.4%)	13 (26.5%)
Enlarged cervical glands	18			11 (61.1%)	6 (33.3%)
Rickets (with deformity)	20			7 (35.0%)	13 (65.5%)
Phlyctenular conjunctivitis	2			1	

This gives a closer scrutiny of the children who in other surveys could not be so exhaustively examined.

### **Pseudo-hypertrophic muscular paralysis (Dr. Coupland).**

Dr. Coupland sends in some notes on cases of pseudo-hypertrophic muscular paralysis—an hereditary disease of muscles affecting males, but transmitted through females. Dr. Coupland has met 4 cases in 10 years. The well marked case is easily diagnosed. The muscles, though bulky, are weak. Later on they undergo wasting. The earliest symptoms appear not earlier than 5 years of age. The picture of a child in this, the most characteristic stage of this affection, is one with sturdy, rather overgrown calves, contrasting with the thin wasted buttocks and shoulders. Such a child, if lifted up by putting the hands under the armpits, seems in danger of “slipping through” owing to the wasting of the shoulder muscles. And such a child if laid on its back gets up from the floor by turning over, getting on to its knees and then, owing to the weakness of the muscles of the buttocks, is unable to rise any further without putting its hands on the front of the thighs and climbing up himself. There is also a throwing back of the shoulders and a thrusting forward of the abdomen, a waddling, sometimes a rocking gait, and an abnormal stance—“straddling,” with the legs wide apart. These features are well known and in all the text books.

Dr. Coupland's contribution is of special interest because she has been able to watch the development in two cases and has studied their mental condition. All observers agree that the child is usually stated to have been normal at birth and some add that it has been late in walking. Usually, by the time their condition has caused sufficient apprehension to cause an appeal to the doctor, the classical signs have developed.

R. T. brought at 6 years, because of “pains and stiffness of the legs,” “cramps in the legs” and the parents wanted to know “Why he so soon tired with walking” and “Why he was so different from his sister,” his junior by  $2\frac{1}{2}$  years. The enlargement and hardness of the calf-muscles was already present, he was able to get up from the ground without much difficulty, but already “climbed up himself.” The “slipping through” sign was not definitely present (six months later it was demonstrated with ease). Seen in the playground his legs suggested sturdiness, but this appearance was deceptive, as his movements were neither active nor vigorous. His early history shows that though he was an “ordinary” baby at birth, he soon deviated from the normal. His mother would not at first acknowledge that he had been more than “rather backward,” did not sit up, creep or walk as early as the average child (these attainments being the “milestones” of progress). But his record card at the Infant Welfare Centre showed that he had been more than “rather backward.” At 12 months he had only 12 teeth, was not walking though there was no evidence of rickets or cretinism. He had no “illness” while attending the Infant Welfare Centre, and the attendance was irregular, so he was only brought before the doctor three times. At two years he was unable to walk and the mother was asked



to bring him for observation, but did not do so. He turned up six months later. Dentition was complete and he had been walking some three months, without the preliminary "creeping" stage. He lived near to school and entered at three. The Head Teacher noticed that he was dull for his age and "difficult." He continued to be dull and backward, but improved in temper owing to the tactful management of the Head Teacher. He soon tired with walking—complained of pain in his legs and indicated the calf muscles as the seat of pain. Unlike "rheumatic pains," they were in the muscles and were relieved by rest in bed.

J. F. entered school early, attended irregularly, and missed the "entrant" examination. At a later visit the Head Teacher asked me to see him, because of his rounded back, adding that he was easily knocked over and had difficulty in getting up again. He was then nearly five. Months later, he was taken to a doctor: referred to hospital for massage and remedial exercise. Before this I had seen him again and made a diagnosis of pseudo-hypertrophic muscular dystrophy. He afterwards developed a marked "bowing" out of the right leg from hip to ankle, when walking. This appeared to be due to rapid wasting of the muscles.

E. M. was seen at three years on account of "weak spine" and being "unable to hold himself up straight."

The fourth case, B. S., was only seen at nine years, when the condition was fully developed.

H. W. may possibly be a fifth case. He compares unfavourably at seven years of age with his younger brother,  $4\frac{1}{2}$  years. His history and disposition are similar to that of R. T. He complains of his legs, referring to the calves, which are somewhat large and hard. He tires readily. Even the half-mile to school causes him discomfort, especially if any attempt is made to hurry him. He is dull and backward and, according to his mother, he has never been happy, like his brother.

**Mental Characteristics.**—It is generally said that the mentality of the children is not affected. In only one of the foregoing cases (E. M.) was the intelligence up to the normal average. Although debarred from the rough and tumble play of ordinary childhood, he was quietly happy and used to amuse himself out of school, with reading or brushwork or needlework, and he could take part in indoor games. He was near to school, but the double journey to and fro daily was the limit of his physical capacity, and he was never urged to try to compete with other children in exercises. This, no doubt, contributed towards maintaining his serenity of temper.

The other three cases were all decidedly dull and backward. R. T.'s speech at six years was still "babyish" and at  $6\frac{1}{2}$  he was only beginning to make any attempt to read, though he entered school soon after three. On admission, he was found "difficult," bad tempered towards his small neighbours and apt to express his resentment with blows.

J. F. was very backward, and this backwardness was ascribed to his irregular attendance, but, at eight years, he cannot read at all, does not know all his letters and has certainly some degree of word-blindness.

B. S. was also dull and backward: described (like R. T.) by his teachers as "tiresome" and "not likeable."

It may be taken for granted that this disease is insidiously gaining hold on the child long before it is definitely diagnosed. Perhaps its first manifestation is an excessive proneness to fatigue. Its small victims will often not secure the sympathy and consideration they merit and their temper and disposition can scarcely fail to be affected adversely by harshness and unfavourable comparison with younger and healthier



children. If they are "tiresome" it is because they are tired. A tired child cannot concentrate—it becomes idle and, according to the adage, "Satan does the rest."

These children go steadily worse because the disease is progressive. E. M. and E. S. died in their 12th year. J. F., at nine years, is wasting rapidly, and is almost completely helpless. R. T. is aged seven. He is attending school and will be able to do so a little longer.

### CLINICAL PATHOLOGY.

The following specimens were taken by the school medical staff and submitted to the County Laboratory for examination:—

Throat Swabs	...	...	...	...	34
Hairs and Scales for Ringworm	...				544
					<hr/> 578 <hr/>

### SPECIAL EXAMINATIONS WERE MADE DURING THE YEAR, AS FOLLOWS:—

(a) Cases examined under the Mental Deficiency Act (1913) and the Education Act (1921)	...	...	1010
(b) School Absentees	...	...	112
(c) Teachers, Caretakers, Candidates and others	...	...	198
(d) Children examined under the Employment of Children Acts	...	...	517
(e) Children examined for Licences for Entertainment	...	...	13
			<hr/> 1850 <hr/>

Medical Certificates were submitted to the School Medical Officer for scrutiny in respect of 465 candidates for appointment as Bursars and Student Teachers. In addition 100 certificates were submitted on behalf of applicants for admission to Bingley Training College.

### BINGLEY TRAINING COLLEGE.

Special visits were paid to the College in June by Dr. Nora M. Allan to examine 89 students who were about to complete their second year of training.

The candidates, after examination, were placed in the following classes: A 1, 62; A 2, 26; and B 1, 1.

In addition 19 Uncertificated Teachers were examined.

In September Dr. Allan again went to the college, and 99 newly-admitted students were examined. These were classified as follows: A 1, 68; A 2, 28; and B 1, 3.

T. N. V. POTTS,  
School Medical Officer.

County Hall, Wakefield,  
March, 1931.

West Riding County Council. Medical Inspection Department.

Table I.—Return of Medical Inspections (Elementary).

**A. Routine Medical Inspections.**

Entrants	...	...	...	24338
Intermediates	...	...	...	26414
Leavers	...	...	...	14778
Total				65530

**B. Other Inspections.**

Number of Special Inspections	...	...	...	7805
Number of Re-inspections	...	...	...	25820
Total				33625

Table I (a).—Return of Medical Inspections (Secondary).

**A. Routine Medical Inspections.**

Entrants	...	...	...	4262
Age Group 15	...	...	...	2010
Total				6272

**B. Other Inspections.**

Number of Special Inspections	...	...	...	287
Number of Re-inspections	...	...	...	1368
Total				1655





## West Riding County Council.

## Medical Inspection Department.

TABLE II.—A.

Return of Defects found in the course of Medical Inspection of Elementary School Children in 1930.

DEFECT OR DISEASE.										Routine Inspections.		Specials.	
										Number referred for treatment.	No. requiring to be kept under observation, but not referred for treatment.	Number referred for treatment.	No. requiring to be kept under observation, but not referred for treatment.
Malnutrition	...	...	...	...	...	...	...	...	...	3694	2389	875	2542
Uncleanliness (see Table IV, Group V)	...	...	...	...	...	...	...	...	...	—	—	—	—
Skin	Ringworm	Head	...	...	...	...	...	...	...	143	3	80	13
		Body	...	...	...	...	...	...	...	54	1	28	—
	Scabies	...	...	...	...	...	...	...	...	76	1	33	—
	Impetigo	...	...	...	...	...	...	...	...	660	19	201	6
	Other Diseases (Non-Tubercular)	...	...	...	...	...	...	...	...	703	149	155	32
Eyes	Blepharitis	...	...	...	...	...	...	...	...	786	74	205	32
	Conjunctivitis	...	...	...	...	...	...	...	...	209	13	43	—
	Keratitis	...	...	...	...	...	...	...	...	3	—	1	1
	Corneal Ulcer	...	...	...	...	...	...	...	...	18	1	5	1
	Corneal Opacities	...	...	...	...	...	...	...	...	42	45	24	10
	Defective Vision	...	...	...	...	...	...	...	...	5352	2159	2977	747
	Squint	...	...	...	...	...	...	...	...	867	272	210	52
	Other Conditions	...	...	...	...	...	...	...	...	142	64	58	14
Ears	Defective Hearing	...	...	...	...	...	...	...	...	290	224	100	63
	Otitis Media	...	...	...	...	...	...	...	...	519	44	198	22
	Other Ear Diseases	...	...	...	...	...	...	...	...	263	34	50	15
Nose and Throat.	Enlarged Tonsils	...	...	...	...	...	...	...	...	2695	5530	719	636
	Adenoids	...	...	...	...	...	...	...	...	691	948	225	153
	Enlarged Tonsils and Adenoids	...	...	...	...	...	...	...	...	1624	751	535	181
	Other Conditions	...	...	...	...	...	...	...	...	654	365	93	113
Enlarged Cervical Glands (Non-Tubercular)	...	...	...	...	...	...	...	...	...	376	4352	50	184
Defective Speech	...	...	...	...	...	...	...	...	...	133	275	22	46
Defective Teeth (See Table IV, Group IV)	...	...	...	...	...	...	...	...	...	—	—	—	—
Heart and Circulation	Heart Disease	Organic	...	...	...	...	...	...	...	279	288	34	65
		Functional	...	...	...	...	...	...	...	73	447	10	93
	Anæmia	...	...	...	...	...	...	...	...	1482	580	358	281
Lungs	Bronchitis	...	...	...	...	...	...	...	...	1787	625	77	13
	Other Non-Tubercular Diseases	...	...	...	...	...	...	...	...	76	429	7	36
Tuberculosis	Pulmonary	Definite	...	...	...	...	...	...	...	48	16	9	3
		Suspected	...	...	...	...	...	...	...	131	76	35	12
		Glands	...	...	...	...	...	...	...	148	70	37	26
	Non-Pulmonary	Spine	...	...	...	...	...	...	...	3	11	3	3
		Hip	...	...	...	...	...	...	...	6	10	1	6
		Other Bones and Joints	...	...	...	...	...	...	...	5	8	3	4
		Skin	...	...	...	...	...	...	...	12	4	4	1
		Other Forms	...	...	...	...	...	...	...	10	20	6	28
Nervous System	Epilepsy	...	...	...	...	...	...	...	...	16	40	12	15
	Chorea	...	...	...	...	...	...	...	...	52	43	21	29
	Other Conditions	...	...	...	...	...	...	...	...	127	329	24	118
Deformities	Rickets	...	...	...	...	...	...	...	...	226	297	15	24
	Spinal Curvature	...	...	...	...	...	...	...	...	133	207	27	62
	Other Forms	...	...	...	...	...	...	...	...	212	294	43	44
Other Defects and Diseases	...	...	...	...	...	...	...	...	...	1834	1587	635	718

B.—Number of individual children found at Routine Medical Inspection to Require Treatment (excluding Uncleanliness and Dental Diseases).

Group.	Number of Children.		Percentage of Children found to require treatment.
	Inspected.	Found to require treatment.	
Code Groups—			
Entrants	24338	7345	30.18
Intermediates	26414	9002	34.08
Leavers	14778	4683	31.69
Total (code groups)	65530	21030	32.09
Other routine inspections	—	—	—





TABLE IIa.—A.

Return of Defects found in the course of Medical Inspection of Secondary School Children in 1930.

DEFECT OR DISEASE.									Routine Inspections.		Specials.	
									Number referred for treatment.	No. requiring to be kept under observation, but not referred for treatment.	Number referred for treatment.	No. requiring to be kept under observation, but not referred for treatment.
Malnutrition ... ..									220	124	24	9
Uncleanliness ... ..									—	—	—	—
Skin	Ringworm	Head	...	...	...	...	...	5	—	—	—	
		Body	...	...	...	...	...	4	—	—	—	
	Scabies	...	...	...	...	...	...	1	—	—	—	
	Impetigo	...	...	...	...	...	...	13	1	5	—	
	Other Diseases (Non-Tubercular)		...	...	...	...	...	96	51	11	3	
Eyes	Blepharitis	...	...	...	...	...	...	55	3	7	—	
	Conjunctivitis	...	...	...	...	...	...	12	1	5	—	
	Keratitis	...	...	...	...	...	...	—	—	—	—	
	Corneal Ulcer	...	...	...	...	...	...	1	—	—	—	
	Corneal Opacities	...	...	...	...	...	...	4	1	1	—	
Ears	Defective Vision	...	...	...	...	...	...	695	362	136	77	
	Squint	...	...	...	...	...	...	25	21	2	6	
	Other Conditions	...	...	...	...	...	...	7	—	4	5	
	Defective Hearing	...	...	...	...	...	...	36	9	3	1	
	Otitis Media	...	...	...	...	...	...	22	2	4	2	
Nose and Throat.	Other Ear Diseases	...	...	...	...	...	...	38	5	6	4	
	Enlarged Tonsils	...	...	...	...	...	...	100	293	26	23	
	Adenoids	...	...	...	...	...	...	45	30	7	2	
	Enlarged Tonsils and Adenoids	...	...	...	...	...	...	52	25	8	3	
	Other Conditions	...	...	...	...	...	...	75	21	7	8	
Enlarged Cervical Glands (Non-Tubercular) ... ..									9	66	3	4
Defective Speech ... ..									9	4	2	—
Defective Teeth (See Table IV, Group IV) ... ..									—	—	—	—
Heart and Circulation	Heart Disease	Organic	...	...	...	...	...	22	21	8	18	
		Functional	...	...	...	...	...	10	63	2	23	
	Anæmia	...	...	...	...	...	...	229	32	36	13	
Lungs	Bronchitis	...	...	...	...	...	...	27	16	1	1	
	Other Non-Tubercular Diseases	...	...	...	...	...	...	8	7	1	1	
Tuberculosis	Pulmonary	Definite	...	...	...	...	...	—	1	—	—	
		Suspected	...	...	...	...	...	3	6	—	1	
		Glands	...	...	...	...	...	3	13	1	1	
	Non-Pulmonary	Spine	...	...	...	...	...	—	1	—	—	
		Hip	...	...	...	...	...	—	—	—	—	
		Other Bones and Joints	...	...	...	...	...	—	—	—	1	
		Skin	...	...	...	...	...	2	—	—	—	
		Other Forms	...	...	...	...	...	—	2	—	—	
Nervous System	Epilepsy	...	...	...	...	...	—	1	—	—		
	Chorea	...	...	...	...	...	3	3	1	2		
	Other Conditions	...	...	...	...	...	17	11	6	6		
Deformities	Rickets	...	...	...	...	...	6	3	—	1		
	Spinal Curvature	...	...	...	...	...	72	78	6	11		
	Other Forms	...	...	...	...	...	176	67	15	10		
Other Defects and Diseases ... ..									158	67	36	24

B.—Number of individual children found at Routine Medical Inspection to Require Treatment (excluding Uncleanliness and Dental Diseases).

Group.	Number of Children.		Percentage of Children found to require treatment.
	Inspected.	Found to require treatment.	
Code Groups—			
Entrants	4262	1094	25.67
Age-group 15	2010	662	32.93
Total (code groups)	6272	1756	28.00
Other routine inspections	—	—	—





Table III.—Return of all Exceptional Children in the  
West Riding.

31st December, 1930.

			Boys.	Girls.	Total.
Blind (including partially blind).	(i) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind	17	13	30
		Attending Public Elementary Schools	2	—	2
		At other Institutions ...	—	—	—
		At no School or Institution	2	2	4
	(ii) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind	13	25	38
		Attending Public Elementary Schools	15	12	27
		At other Institutions ...	—	—	—
		At no School or Institution	8	12	20
Deaf (including deaf and dumb and partially deaf).	(i) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf	60	44	104
		Attending Public Elementary Schools	1	2	3
		At other Institutions ...	—	—	—
		At no School or Institution	2	—	2
	(ii) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf	8	5	13
		Attending Public Elementary Schools	3	2	5
		At other Institutions ...	—	—	—
		At no School or Institution	1	—	1
Mentally defective.	Feeble-minded.	Attending Certified Schools for the Mentally Defective	16	13	29
		Attending Public Elementary Schools	174	123	297
		At other Institutions ...	2	2	4
		At no School or Institution	146	99	245
Epileptics.	Suffering from severe epilepsy.	Attending Certified Special Schools for Epileptics	6	8	14
		In Institutions other than Certified Special Schools	—	2	2
		Attending Public Elementary Schools	4	7	11
		At no School or Institution	15	17	32
	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools	8	8	16
		At no School or Institution	4	8	12



Table III.—Return of all Exceptional Children in the West Riding (continued).

		Boys.	Girls.	Total.	
Physically defective.	Infectious pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board of Education	—	—	—
		At other Institutions ...	—	—	—
		At no School or Institution	9	9	18
		Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board of Education	92	60
	At Certified Residential Open Air Schools		—	—	—
	At Certified Day Open Air Schools		—	—	—
	At Public Elementary Schools		203	169	372
	At no School or Institution		60	67	127
	Delicate children (e.g., pre- or latent tuberculosis, mal-nutrition, debility, anæmia, etc.).	At Certified Residential Open Air Schools	37	45	82
		At Certified Day Open Air Schools	1	1	2
		At Public Elementary Schools	1260	1059	2319
		At other Institutions ...			
		At no School or Institution			
	Active non-pulmonary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board of Education	50	42	92
		At Public Elementary Schools	95	90	185
		At other Institutions ...	—	—	—
		At no School or Institution	75	48	123
	Crippled children (other than those with active tubercular disease), e.g., children suffering from paralysis, etc., and including those with severe heart disease).	At Certified Hospital Schools	12	12	24
		At Certified Residential Cripple Schools	9	6	15
		At Certified Day Cripple Schools	—	—	—
		At Public Elementary Schools	35	24	59
		At other Institutions ...	—	1	1
		At no School or Institution	25	43	68

TABLE IV.

Return of Defects Treated during the year ended 31st December,  
1930.

## Treatment Table.

## Group I.—Minor Ailments (excluding Uncleanliness).

Disease or Defect.  (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
<b>Skin—</b>			
Ringworm—Scalp ... ..	948	43	991
Ringworm—Body ... ..	550	96	646
Scabies ... ..	633	25	658
Impetigo ... ..	16863	110	16973
Other skin diseases ... ..	1225	69	1294
<b>Minor Eye Defects</b> ... .. (External and other, but ex- cluding cases falling in Group II)	2786	204	2990
<b>Minor Ear Defects</b> ... ..	3193	83	3276
<b>Miscellaneous</b> ... .. (e.g., minor injuries, bruises, sores, chilblains, etc.)	23686	230	23916
Total ..	49884	860	50744

*Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I).*

**Number of defects dealt with.**

Defect or Disease.	Number of Defects dealt with.			
	Under the Authority's Scheme.	Submitted to refraction by private practitioner or at hospital, apart from the Authority's Scheme.	Otherwise.	Total.
(1)	(2)	(3)	(4)	(5)
Errors of Refraction (including Squint) (Operations for Squint should be recorded separately in the body of the Report)	6923	422	—	7345
Other Defect or Disease of the eyes (excluding those recorded in Group I)	—	—	—	—
	6923	422	—	7345

Total number of children for whom spectacles were prescribed:—

(a) Under the Authority's Scheme	...	...	5467
(b) Otherwise	...	...	4220

Total number of children who obtained or received spectacles:—

Under the Authority's Scheme	...	...	3780
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*Group III.—Treatment of Defects of Nose and Throat.*  
**Number of Defects.**

Received Operative Treatment.			Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme in Clinic or Hospital.	By Private Practitioner or Hospital apart from Authority's Scheme.	Total.		
(1)	(2)	(3)	(4)	(5)
2385	267	2652	654	3306



*Group IV.—Dental Defects.*

(1) Number of children who were:—

(a) Inspected by the Dentists:—

Routine Age Groups	{	5	4015	{	Total	... 50947
		6	9668			
		7	10684			
		8	7888			
		9	7673			
		10	5239			
		11	2339			
		12	1834			
		13	1497			
		14	110			
Specials	...	...	...	...	...	2229
Grand total			...	...	...	53176

(b) Found to require treatment ... 37999

(c) Actually treated ... 19025

(d) Re-treated during the year as the result of  
periodical examination ... 4450

(2) Half-days devoted to—

Inspection	...	...	...	...	592
Treatment	...	...	...	...	3092
Total	...	...	...	...	3684

(3) Attendances made by children for treatment ... 25288

(4) Fillings—

Permanent teeth	...	...	...	12971
Temporary teeth	...	...	...	2602
Total	...	...	...	15573

(5) Extractions—

Permanent teeth	...	...	...	7940
Temporary teeth	...	...	...	54450
Total	...	...	...	62390

(6) Administrations of general anæsthetics for  
extractions ... —

(7) Other operations—

Permanent teeth	...	...	...	2259
Temporary teeth	...	...	...	692
Total	...	...	...	2951

*Group V.—Uncleanliness and Verminous Conditions.*

(1)	Average number of visits per School made during the year by the School Nurses ... ..	7.1
(2)	Total number of examinations of children in the Schools by School Nurses ... ..	371730
(3)	Number of individual children found unclean ...	2851
(4)	Number of children cleansed under arrangements made by the Local Education Authority ...	525
(5)	Number of cases in which legal proceedings were taken—	
(a)	Under the Education Act, 1921 ... ..	Nil
(b)	Under School Attendance Bye-laws ... ..	Nil









